



# Evidence Checklist (CADASIL)

NDIS Access Request — Prep Tool

Resource 2C

**Not an official NDIA document. Prep tool only.** Do not submit this checklist as a replacement for official NDIS forms. Use it to gather and track supporting documents for your Access Request.

## How to use this checklist

Use this checklist alongside the Evidence Builder Prep Tool (Resource 2A).

Tick items as you gather them. Attach what you have — most people will not have every item, and that is okay.

Note any items that are pending so you can follow up, or attach a brief note to your application.

**Strong evidence usually includes: diagnosis confirmation, permanency/progression (where applicable), functional impact, and support needs (type and frequency).**

## A Identity + Residence

Often required as part of the Access Request

- Proof of age (e.g. birth certificate or passport)
- Proof of Australian residence, citizenship, or visa (as relevant)

## B Medical Evidence

Diagnosis + history

- Genetic test report (NOTCH3)
- OR: referral letter or letter confirming genetic testing is pending
- MRI report(s) — most recent, plus relevant history if available
- Neurologist letter — covering diagnosis, progression, and key functional impacts
- Stroke or TIA history — dates and discharge summaries if available
- Seizure history (if applicable)

- Migraine history (if applicable)
- Medication list
- Other specialist letters (if relevant)

## C Functional Evidence

Daily life impact — what the NDIA needs to see

- OT Functional Capacity Assessment (if available)
- Neuropsychology report — memory, executive function, processing speed
- Speech pathology report — communication and/or swallowing (if relevant)
- Physiotherapy report — mobility and falls risk (if relevant)
- Psychology or psychiatry report (if psychosocial impacts are relevant)
- GP care plan notes (if relevant)
- Carer statement — what support is provided and why
- Symptom diary — 1–2 weeks of notes is enough
- Incident examples — falls, medication errors, getting lost, safety risks

## D Optional but Helpful

- Workplace impacts (if relevant and you are comfortable including this)
- Driving assessment (if relevant)
- Allied health treatment history — what has been tried and the outcomes
- Hospital admissions summary list

**Remember:** Strong evidence usually includes four things — (1) confirmation of the CADASIL diagnosis, (2) a statement that the condition is likely to be **permanent or lifelong** (where clinically appropriate), (3) functional impact (what the person cannot do safely or reliably in daily life), and (4) what support is needed, how often, and why.

## Linked Resources in This Suite

<b>Resource 2A</b>	<b>Evidence Builder — Prep Tool</b> Use 2A to prepare notes on functional impact before gathering documents
<b>Resource 2B</b>	<b>Functional Impact Snapshot</b> Share 2B with clinicians so their evidence matches your functional description
<b>Resource 3A</b>	<b>Clinician Handover Sheet</b> Give 3A to your treating professional when requesting evidence

**Resource  
3B**

**Medical Evidence Request Letters**

Use the relevant 3B template to request a letter from your GP, Neurologist, or OT